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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/857797</b>	FILED DATE
						APPLICANT(S)	
						9/2/15 CLAIMS	
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2		1		1			
3		1		1			
4		1		1			
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45		1		1			
46		1		1			
47		1		1			
48		1		1			
49		1		1			
50		1		1			
TOTAL IND.		1		1			
TOTAL DEP.		18		15			
TOTAL CLAIMS		19		16			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							
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